

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90180 047 \*\*\*\*55.00

**DOCUMENT # L01000018114**

1. Entity Name

**COWAN INDIAN TRAIL LLC**

Principal Place of Business

3725 SOUTH OCEAN DRIVE  
 C/O IRVING COWAN. ENTERPRISES INC.  
 HOLLYWOOD FL 33019

Mailing Address

3725 SOUTH OCEAN DRIVE  
 C/O IRVING COWAN. ENTERPRISES INC.  
 HOLLYWOOD FL 33019

26800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-00 33845

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COWAN, IRVING  
 3725 SOUTH OCEAN DRIVE  
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MG MR IRVING COWAN**  
**3725 S. Ocean Drive**  
**Hollywood FL 33019**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

3/1/02 954-458-8998

CR2E083 (9/01)